

EM Residency Competitiveness FAQ

Am I Competitive?

What makes a competitive applicant to an emergency medicine (EM) residency program?

Over the past few years, we have seen significant changes to the residency application process take place: USMLE Step 1 has transitioned to a pass/fail grading system; the ERAS application itself has undergone major revisions (e.g., Experiences have been limited to 10; the Hobbies section has been both removed and replaced); and there have been notable, drastic changes in specialty interest. As an organization, we recognize that the question of what constitutes a competitive applicant is now more pertinent than ever. Previously obscured by a dearth of substantive data, this inquiry deserves careful consideration and is one that unfortunately cannot be adequately answered on social media platforms like Reddit. Recognizing the importance of addressing this question transparently and informatively, we took it upon ourselves to ask the hard questions:

The following data summary represents the AAEM/RSA Publications & Social Media Committee's efforts in surveying AAEM members (N=39) currently serving as Residency Program Directors (N=7, 18%), Associate Program Directors (N=16, 41%), or other faculty involved in the residency interview process (N=16, 41%). Data included in this analysis was collected in Fall 2023. We hope this information will be beneficial to you in your personal and professional journey into the field of EM, and of course, please consult your academic advisor for more complete and individualized guidance. For any questions regarding this work, please contact info@aaemrsa.org.

Step 2 Score

While different programs have different standards for Step 2 scores, is there one particular score or percentile above which generally classifies an applicant as competitive (other factors aside)?

It was interesting to observe that the majority of our sample indicated that there was no single score that universally defined an applicant as "competitive"; indeed, 51% of respondents answered "No" or "Pass only", emphasizing that they did not consider a particular score as competitive. Amongst the other half, a score above 230-235 was described as favorable and a score of 250 or higher was described as particularly strong. Several respondents noted that meeting or exceeding the national average or falling within the top 30% of scorers is generally competitive. Overall, the general consensus amongst respondents indicated that passing Step 2 is the most important factor, and that failing is considered a significant red flag.

Clerkship Grades, Percentiles, and Preclinical Coursework

In a world where every medical school has a different grading system, how much value is placed on honoring rotations? Quartiles? Preclinical grades?

Survey responses from our cohort of PDs, APDs, and other faculty involved in residency interviews indicate that honoring rotation is far valued over quartile or preclinical grades when differentiating candidates with otherwise similar metrics, particularly when these honors are in core rotations like internal medicine, surgery, and EM. However, many respondents acknowledge that with more institutions adopting pass/fail grading for both clinical and

preclinical grading, it is difficult to evaluate performance and compare applicants on that basis. This same sentiment was expressed over institutions that give honors to the majority of students. As a result, quartiles or final ranking in the Medical Student Performance Evaluation (MSPE) are still valuable for providing a clearer comparison between applicants. While preclinical grades are generally given minimal weight, a failure on a transcript was the most concerning red flag cited. Overall, however, respondents agreed that quartiles and preclinical grades do not predict future success as a resident or attending physician.

Standardized Letters of Evaluation (SLOEs)

Regarding away rotations, how does an average SLOE from a more prestigious institution compare to an above average SLOE from a lesser-known institution?

The vast majority of respondents agreed that a strong SLOE from a lesser-known institution is viewed more favorably than an average SLOE from a more prestigious program, specifying that work ethic is the most important aspect gleaned from SLOEs in addition to the presence or absence of any red flags in the comments. Perhaps surprisingly, more important than prestige is the patient volume and acuity associated with the program at which the student rotated. Additionally, several respondents mentioned that knowing whether a program tends to inflate vs. stratify students is significantly more important than the program's reputation. In that same vein, some respondents expressed that an average SLOE from an institution they frequently receive SLOEs from may be preferred over an excellent SLOE from an unfamiliar program, regardless of prestige. Ultimately, while a SLOE from a prestigious program may catch the eye, a strong SLOE from any institution is valued.

Research

Are research products becoming more valued in EM?

The value of research products varied widely across respondents, reflecting contrasting levels of importance across residency programs. While some programs emphasized research as an indicator of the well-roundedness or dedication of the student, others considered research to be of lower importance, especially when compared to other factors like clinical skills and interpersonal abilities, for example. Overall, there appeared to be an underlying consensus that research (or lack of it) does not make or break an application. When research is part of a student's application, quality of the research and any associated products supersedes quantity of experiences. Being able to discuss that research knowledgeably is also critical. Thus, it seems that an application is most enhanced by the presence of research when that research requires significant involvement on behalf of the student and may be associated with tangible products, such as peer-reviewed publications, posters, or oral presentations. One should be wary of engaging in research for the sake of enhancing an application. Ultimately, the integration of research into the residency application is nuanced, with its significance varying depending on the specific priorities and philosophies of each EM program.

Leadership

How much importance is placed on leadership experiences? When someone has had multiple leadership roles, is length of service be prioritized over relatedness to EM?

Leadership experience was overwhelmingly viewed positively amongst respondents, as it can demonstrate an applicant's communication and teamwork skills. When the experience is directly related to EM, it can also demonstrate commitment to the specialty; however, several respondents did detail that these experiences need not be related to EM. Rather, longitudinal commitment in a leadership position is more important. As one respondent commented, "Leadership experience is definitely a plus and indicates someone who will be a no-problem resident and possibly a leader and future chief. We understand that someone might have taken a position in M1 year in a different specialty but picked EM later in medical school. Relevance to EM is a plus, but any leadership experience is good to have. Extended length of service in the same position/organization shows commitment - which is highly valued." Overall, the demonstration of leadership skills is important in the evaluation of residency applicants, particularly when a leadership role has been held for over time and was impactful.

Volunteering/Community Service

How much importance is placed on volunteering? How much volunteering (in hours) is needed before placing that experience on your application?

Similar to research, the importance of volunteering as it relates to applying into EM varied widely, ranging from "less useful"/"little impact" to "nice to have" to "imperative." There was no true consensus on the number of volunteer hours or amount of time dedicated to a volunteer experience before it was significant enough to place on a residency application. However, like leadership, demonstrating a longitudinal, meaningful commitment to service is more valuable than short-term or singular volunteer experiences, and the experience itself need not be medical-related. For example, a volunteer experience that was unrelated to medicine but required several hours of involvement per week over several months is likely to be viewed more favorably than a one-time, medicine-related service activity. Overall, engagement in volunteering can enhance one's residency application when involvement has been significant and impactful, but lack of volunteering may not be a deal-breaker unless a specific program's mission is centered around service.